

Goodling	Manzullo	Sensenbrenner
Goss	McIntyre	Sessions
Graham	Miller (FL)	Sherwood
Green (WI)	Moran (KS)	Smith (MI)
Hall (TX)	Nethercutt	Smith (NJ)
Hansen	Paul	Spence
Hayes	Pease	Stark
Hefley	Peterson (MN)	Stearns
Herger	Peterson (PA)	Stump
Hill (MT)	Petri	Tancredo
Hilleary	Pitts	Tanner
Hoekstra	Pombo	Taylor (MS)
Hostettler	Pomeroy	Thornberry
Hunter	Rahall	Thune
Hutchinson	Roemer	Tiahrt
Istook	Rogers	Toomey
Jenkins	Rohrabacher	Trafficant
Jones (NC)	Roukema	Upton
Kingston	Royce	Wamp
Largent	Ryan (WI)	Watkins
Lewis (KY)	Ryun (KS)	Weldon (FL)
Lucas (KY)	Sanford	
Lucas (OK)	Schaffer	

## NOT VOTING—17

Bereuter	Johnson, Sam	Norwood
Clay	Kanjorski	Reyes
Cramer	Martinez	Scarborough
Dickey	McInnis	Taylor (NC)
Gilchrest	Meehan	Young (AK)
Hastings (WA)	Mollohan	

□ 1041

Mr. PETERSON of Pennsylvania and Mrs. ROUKEMA changed their vote from "yea" to "nay."

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

## REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 3073

Mr. STARK. Mr. Speaker, I ask unanimous consent to have my name removed as a cosponsor from H.R. 3073.

The SPEAKER pro tempore (Mr. PEASE). Is there objection to the request of the gentleman from California?

There was no objection.

## MEDICARE, MEDICAID, AND SCHIP BALANCED BUDGET REFINEMENT ACT OF 1999

Mr. ARCHER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3075) to amend title XVIII of the Social Security Act to make corrections and refinements in the Medicare Program, as revised by the Balanced Budget Act of 1997, as amended.

The Clerk read as follows:

H.R. 3075

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

## SECTION 1. SHORT TITLE; AMENDMENTS TO SOCIAL SECURITY ACT; REFERENCES TO BBA; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999".

(b) AMENDMENTS TO SOCIAL SECURITY ACT.—Except as otherwise specifically provided, whenever in this title an amendment is expressed in terms of an amendment to or repeal of a section or other provision, the reference shall be considered to be made to that section or other provision of the Social Security Act.

(c) REFERENCES TO BALANCED BUDGET ACT OF 1997.—In this Act, the term "BBA" means the Balanced Budget Act of 1997 (Public Law 105-33).

(d) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; amendments to Social Security Act; references to BBA; table of contents.

## TITLE I—PROVISIONS RELATING TO PART A

## Subtitle A—PPS Hospitals

Sec. 101. One-year delay in transition for indirect medical education (IME) percentage adjustment.

Sec. 102. Decrease in reductions for disproportionate share hospitals; data collection requirements.

## Subtitle B—PPS Exempt Hospitals

Sec. 111. Wage adjustment of percentile cap for PPS-exempt hospitals.

Sec. 112. Enhanced payments for long-term care and psychiatric hospitals until development of prospective payment systems for those hospitals.

Sec. 113. Per discharge prospective payment system for long-term care hospitals.

Sec. 114. Per diem prospective payment system for psychiatric hospitals.

Sec. 115. Refinement of prospective payment system for inpatient rehabilitation services.

## Subtitle C—Adjustments to PPS Payments for Skilled Nursing Facilities

Sec. 121. Temporary increase in payment for certain high cost patients.

Sec. 122. Market basket increase.

Sec. 123. Authorizing facilities to elect immediate transition to Federal rate.

Sec. 124. Part A pass-through payment for certain ambulance services, prostheses, and chemotherapy drugs.

Sec. 125. Provision for part B add-ons for facilities participating in the NHCMQ demonstration project.

Sec. 126. Special consideration for facilities serving specialized patient populations.

Sec. 127. MedPAC study on special payment for facilities located in Hawaii and Alaska.

## Subtitle D—Other

Sec. 131. Part A BBA technical corrections.

## TITLE II—PROVISIONS RELATING TO PART B

## Subtitle A—Adjustments to Physician Payment Updates

Sec. 201. Modification of update adjustment factor provisions to reduce update oscillations and require estimate revisions.

Sec. 202. Use of data collected by organizations and entities in determining practice expense relative values.

Sec. 203. GAO study on resources required to provide safe and effective outpatient cancer therapy.

## Subtitle B—Hospital Outpatient Services

Sec. 211. Outlier adjustment and transitional pass-through for certain medical devices, drugs, and biologicals.

Sec. 212. Establishing a transitional corridor for application of OPD PPS.

Sec. 213. Delay in application of prospective payment system to cancer center hospitals.

Sec. 214. Limitation on outpatient hospital copayment for a procedure to the hospital deductible amount.

## Subtitle C—Other

Sec. 221. Application of separate caps to physical and speech therapy services.

Sec. 222. Transitional outlier payments for therapy services for certain high acuity patients.

Sec. 223. Update in renal dialysis composite rate.

Sec. 224. Temporary update in durable medical equipment and oxygen rates.

Sec. 225. Requirement for new proposed rule-making for implementation of inherent reasonableness policy.

Sec. 226. Increase in reimbursement for pap smears.

Sec. 227. Refinement of ambulance services demonstration project.

Sec. 228. Phase-in of PPS for ambulatory surgical centers.

Sec. 229. Extension of medicare benefits for immunosuppressive drugs.

Sec. 230. Additional studies.

## TITLE III—PROVISIONS RELATING TO PARTS A AND B

## Subtitle A—Home Health Services

Sec. 301. Adjustment to reflect administrative costs not included in the interim payment system.

Sec. 302. Delay in application of 15 percent reduction in payment rates for home health services until 1 year after implementation of prospective payment system.

Sec. 303. Clarification of surety bond requirements.

Sec. 304. Technical amendment clarifying applicable market basket increase for PPS.

## Subtitle B—Direct Graduate Medical Education

Sec. 311. Use of national average payment methodology in computing direct graduate medical education (DGME) payments.

Sec. 312. Initial residency period for child neurology residency training programs.

## Subtitle C—Other

Sec. 321. GAO study on geographic reclassification.

Sec. 322. MedPAC study on medicare payment for non-physician health professional clinical training in hospitals.

## TITLE IV—RURAL PROVIDER PROVISIONS

Sec. 401. Permitting reclassification of certain urban hospitals as rural hospitals.

Sec. 402. Update of standards applied for geographic reclassification for certain hospitals.

Sec. 403. Improvements in the critical access hospital (CAH) program.

Sec. 404. 5-year extension of medicare dependent hospital (MDH) program.

Sec. 405. Rebasing for certain sole community hospitals.

Sec. 406. Increased flexibility in providing graduate physician training in rural areas.

Sec. 407. Elimination of certain restrictions with respect to hospital swing bed program.

Sec. 408. Grant program for rural hospital transition to prospective payment.